Appendix H

NUCLEAR WASTE MANAGEMENT PROGRAM Sandia National Laboratories	**Validation Document Criteria Form**	**Form Number: NP 19-1-7** **Page 1 of 1**

1. Software Name: _____

2. Software Version: _____

3. Document Version: _____

4. ERMS #: _____

Prior to sign-off of the VD, all items shall be appropriately addressed by the code sponsor so that "**Yes**" or "**N/A**" may be checked. Include this form as part of the VD.

5.   Is the following information included, where applicable?

(a) computer program and version tested ☐ Yes ☐ N/A
(b) computer hardware and operating system used ☐ Yes ☐ N/A
(c) test equipment and calibrations ☐ Yes ☐ N/A
(d) date of test ☐ Yes ☐ N/A
(e) tester or data recorder ☐ Yes ☐ N/A
(f) simulation models used, ☐ Yes ☐ N/A
(g) test problem input and output files ☐ Yes ☐ N/A
(h) results and acceptability ☐ Yes ☐ N/A
(I) action taken in connection with any deviations noted ☐ Yes ☐ N/A

6.   Test Result Validation

The test results were compared to the following (check one or more, where applicable as based on code functionality):

- hand calculations, ☐ Yes ☐ N/A
- manual inspection, ☐ Yes ☐ N/A
- calculations using comparable proven problems, ☐ Yes ☐ N/A
- empirical data & information from confirmed published ☐ Yes ☐ N/A
  data and correlations and/or technical literature,
- other validated software of similar purpose, ☐ Yes ☐ N/A
- other independent software of similar purpose. ☐ Yes ☐ N/A

7.   Test Documentation Acceptability ☐ Yes

Do the tests meet the acceptance criteria identified in the approved VVP?

8.   Test Documentation Repeatability ☐ Yes

Are the tests documented in sufficient detail such that they can be repeated?

9.   Computer File Documentation ☐ Yes

Are the test case input and output files included in the Validation Document?

10.   Understandability of Documentation ☐ Yes

Are the validation methods, test data, results, and conclusions documented in a form that can be understood by an independent, technically competent individual?

11.

_____   _____   _____
Code Team/Sponsor (*print*)   Signature   Date

12.

_____   _____   _____
Technical Reviewer (*print*)   Signature   Date

13.

_____   _____   _____
Responsible Manager (*print*)   Signature   Date

14.

_____   _____   _____
SCM Coordinator (*print*)   Signature   Date

Key for check boxes above:

Check **Yes** for each item reviewed and found acceptable
Check **N/A** for items not applicable